

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			

## INDEX OF CLAIMS

✓	..... Rejected	N	..... Non-elected
=	..... Allowed	I	..... Interference
—	(Through numeral)... Canceled	A	..... Appeal
÷	..... Restricted	O	..... Objected

Claim	Final	Original	Date
1	✓	3/2/00	
2	✓		
3	✓		
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Claim		Date						
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**If more than 150 claims or 10 actions  
staple additional sheet here**

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